

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

Control Of Treatment Therapy During Start-Up
And During Operation Of A Medical Device
System

Attorney Docket Number::

11738.00134

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

33

Small Entity?::

NO

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Ivan
Middle Name::
Family Name:: Osorio
Name Suffix::
City of Residence:: Leawood
State or Province of Residence:: Kansas
Country of Residence:: USA
Street of mailing address:: 4005 W. 124th Street
City of mailing address:: Leawood
State or Province of mailing address:: Kansas
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Mark
Middle Name:: G.
Family Name:: Frei
Name Suffix::
City of Residence:: Lawrence
State or Province of Residence:: Kansas
Country of Residence:: USA
Street of mailing address:: 2513 Via Linda Drive

City of mailing address:: Lawrence

State or Province of mailing address:: Kansas

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: David

Middle Name:: L.

Family Name:: Carlson

Name Suffix::

City of Residence:: Fridley

State or Province of Residence:: Minnesota

Country of Residence:: USA

Street of mailing address:: 141 46th Avenue NE

City of mailing address:: Fridley

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55421

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application	Non-Provisional of	60/503,793	09/19/03
This Application	Non-Provisional of	60/418,638	10/15/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
 Street of mailing address:: 710 Medtronic Parkway NE
 LC 340
 City of mailing address:: Minneapolis
 State or Province of mailing address:: Minnesota
 Country of mailing address:: USA
 Postal or Zip Code of mailing address:: 55432